

# Orange County HIV Planning Council

## Application for Voting Membership

### HOW TO APPLY FOR MEMBERSHIP

- Complete the attached
  - 1) *Application for Voting Membership including the Affirmation of Membership Commitment*
  - 2) *Conflict of Interest Worksheet*, and the
  - 3) *Conflict of Interest Disclosure Report Form*

**Mail or drop off the completed forms AND YOUR RESUMÉ to HIV Planning and Coordination, 1725-B West 17th St., Santa Ana, CA 92706 (please do not transmit by facsimile). If you have any questions, please call (714) 834-8704 or 834-8711.**

### HIV PLANNING COUNCIL COMPOSITION

The Planning Council may have a maximum of 35 members and a minimum of 20 members. Affiliate members are in addition to voting membership. *Council "Affiliates are Persons Living with HIV [PLWHs], appointed by the Health Officer. They – depending on the number of PLWH vacancies at any meeting, and ranking as to arrival time at the meeting, may substitute for a PLWH voting member.*

### HIV PLANNING COUNCIL COMMITTEES

Executive Committee – HIV Client Advocacy Committee – Housing Committee – Prevention Planning Committee – Membership Committee – Public Policy & Advocacy. Please note that the HIV Planning Council's Membership Committee will review your application at an open, public meeting.

### COUNCIL AND COMMITTEE MEMBERS' ROLES

1. A demonstrated commitment to confront the HIV epidemic in Orange County.
2. Participation in the identification of HIV care and treatment needs and service delivery, work to establish funding priorities, and participate in the preparation of a comprehensive plan for the allocation of State and Federal monies to HIV care and services in Orange County.
3. Promote public awareness of the HIV epidemic in Orange County.

### COUNCIL MEMBERS' DUTIES AND RESPONSIBILITIES

1. To attend a new member orientation session.
2. To develop a working knowledge of the Ryan White CARE Act, Housing Opportunities for Persons with AIDS [HOPWA], the R. M. Brown Act and the community planning process.
3. To learn and to use the HIV Planning Council's By-laws and Policies and Procedures.
4. To attend all scheduled Council and committee meetings, if selected. Estimated time commitment for Council members is four hours minimum per month.
5. To participate in the mentoring of new Council members.
6. To file upon appointment the *Oath of Office*, and upon appointment, annually and at conclusion/resignation, the Form 700 *Statement of Economic Interest for Designated Parties*.

**Applicants: Please be advised that when your application is received at the OC HCA HIV Planning & Coordination office that it will be reviewed by the members of the OC HIV Planning Council committee on Membership during public meetings.**

Members may be removed from the Council for the following causes: (1) absent three meetings without notice to the (Co-) Chair(s); (2) conduct determined by Council consensus that disrupts or interferes with Council or its committees' business. Members shall not be removed without written notice and the opportunity to respond [reference Article III, Membership, Section 10. Removal, of the OC HIV Planning Council By-laws].

**Please tear this face sheet/first page off the application and retain for your records.**

# Orange County HIV Planning Council

## Application for Voting Membership

(Check one)

☐ Council membership

☐ Affiliate

Are you interested in service on any of the OC HIV Planning Council's committees? If so, which committees? \_\_\_\_\_.

(Please Type or Print)

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (cell): \_\_\_\_\_

Telephone (home): \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone (work): \_\_\_\_\_

Fax: \_\_\_\_\_

- May we call you at work? ☐ yes ☐ no
- May we fax to you HIV/AIDS-related materials at the above fax number? ☐ yes ☐ no
- May we email to you HIV/AIDS-related materials? ☐ yes ☐ no

### CITY OF RESIDENCE

☐ **North County** (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, Yorba Linda)

☐ **Central County** (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, Westminster)

☐ **South County** (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, Trabuco Canyon)

### AFFECTED COMMUNITIES

Please indicate which perspectives you reflect either **personally (pp)** or as a **community advocate (ca)**

Pp	ca		pp	ca	
<input type="checkbox"/>	<input type="checkbox"/>	incarcerated	<input type="checkbox"/>	<input type="checkbox"/>	physically disabled
<input type="checkbox"/>	<input type="checkbox"/>	developmentally disabled	<input type="checkbox"/>	<input type="checkbox"/>	visually or hearing impaired
<input type="checkbox"/>	<input type="checkbox"/>	nervous & mental disorder	<input type="checkbox"/>	<input type="checkbox"/>	hemophiliacs
<input type="checkbox"/>	<input type="checkbox"/>	homeless (including local housing agents)	<input type="checkbox"/>	<input type="checkbox"/>	women
<input type="checkbox"/>	<input type="checkbox"/>	children and/or adolescents	<input type="checkbox"/>	<input type="checkbox"/>	newly immigrated
<input type="checkbox"/>	<input type="checkbox"/>	substance abusers	<input type="checkbox"/>	<input type="checkbox"/>	sex workers
<input type="checkbox"/>	<input type="checkbox"/>	other (please explain)	<input type="checkbox"/>	<input type="checkbox"/>	transgender
				<input type="checkbox"/>	undocumented persons

### EXPERT

**Are you an expert in any of the following areas?**

- ☐ Epidemiology   ☐ Health Planning   ☐ Evaluation Research   ☐ Behavioral & Social Sciences
- ☐ Other (please note): \_\_\_\_\_

### SERVICES & SERVICE PROVIDERS

**Are you any of the following:**

- ☐ a mental health provider
- ☐ a social service provider, including providers of housing and homeless services
- ☐ a health care provider
- ☐ a substance abuse provider
- ☐ a non-elected community leader
- ☐ a representative of State administered CBC project
- ☐ a person receiving assistance through AFDC and/or WIC
- ☐ a representative of the local public health agency
- ☐ a representative of an organization serving children, youth, and/or families living with HIV in Orange County

**Applicant's Name:** \_\_\_\_\_

**Application for Voting Membership**

***Are you employed by, or closely associated with, any of the following:***

- ☐ a non-profit community-based organization
- ☐ a local health department
- ☐ a community health care clinic
- ☐ a city, or other jurisdiction or special district providing HIV services
- ☐ an agency receiving HIV testing and early intervention funds
- ☐ a hospital
- ☐ a non-profit, health care & support service provider, or other community based organization
- ☐ a volunteer group
- ☐ a counseling and testing program funded by the National Centers for Disease Control
- ☐ a Federal HIV/AIDS primary care and substance abuse program
- ☐ "Healthy Start" programs
- ☐ a legal assistance agency
- ☐ local county substance abuse program offices
- ☐ Title III Early Intervention Projects
- ☐ a project funded under Housing Opportunities for Persons With AIDS (HOPWA)
- ☐ a HRSA-funded AIDS Education & Training Center Programs (AETC)
- ☐ other federally funded AIDS Programs, including providers of prevention services

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Employment:

a) Present Employer

b) Type of Business/Agency \_\_\_\_\_ Title \_\_\_\_\_

c) Is your current employment HIV/AIDS related? ☐ yes ☐ no

d) Briefly describe your responsibilities

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e) Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

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f) In 150 words or less, explain why you wish to serve on the Orange County HIV Planning Council or one of the Planning Council's committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

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**Applicant's Name:**\_\_\_\_\_

### **Affirmation of Membership Commitment**

I have reviewed the attached description of OC HIV Planning Council members' roles, duties and responsibilities. I commit to the following:

- to serve on the OC HIV Planning Council
- to participate in all Council meetings from beginning to adjournment
- to prepare for each meeting by carefully reading all pre-distributed materials
- to provide information regarding needs and priorities to the Council or planning committee for planning and resource allocation
- to make recommendations *considering the community as a whole rather than just special interests or personal perspectives*
- to disclose any conflicts of interest I may have relative to issues that come before the Council or Planning Committee

**The currently scheduled meeting times do not present a barrier to my participation.** I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the OC HIV Planning Council.

***I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application.***

Print Name \_\_\_\_\_

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

**Please send your completed application and resumé to:  
HIV Planning & Coordination, P.O. Box 6099, Santa Ana, CA 92706-6099**

# HIV PLANNING COUNCIL

## CONFLICT OF INTEREST DISCLOSURE WORKSHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This worksheet is to help you to identify any conflicts of interest. After completing the worksheet, transfer to the attached Conflict of Interest Report Form noting those active affiliations **during the preceding 12 months.**

CONTRACTORS
AIDS Services Foundation
Delhi Community Services Center
Orange County Health Care Agency
Public Law Center
Straight Talk (including Gerry House, START House)
Laguna Beach Community Clinic
Laguna Shanti
The Center, Orange County
UCI Medical Center

1. Are you currently or have you been a member of the Board of Directors of any of the above-listed organizations? Yes\_\_\_ No\_\_\_
2. Is your spouse, the person assuming the role of spouse, or dependent child currently or have they been in the past a member of the Board of Directors of any of the above-listed organizations? Yes\_\_\_ No\_\_\_
3. Are you currently or have you been an employee, a contractor, a creditor, or consultant (paid or unpaid) of any of the above-listed organizations? Yes\_\_\_ No\_\_\_
4. Is your spouse, the person assuming the role as spouse, or dependent child currently or have they been in the past an employee, a contractor, or consultant (paid or unpaid) for any of the above-listed organizations? Yes\_\_\_ No\_\_\_
5. Are you currently or have you volunteered in the past to assist in the policy planning or financial operations to any of the above-listed organizations? Yes\_\_\_ No\_\_\_
6. Is your spouse, the person assuming the role of spouse, or dependent child currently or have they been in the past a volunteer for any of the above-listed organizations? Yes\_\_\_ No\_\_\_
7. Are you currently or have you received services from any of the above-listed organizations? Yes\_\_\_ No\_\_\_
8. Is your spouse, the person assuming the role as spouse, or dependent child currently receiving or have they received in the past services from any of the above-listed organizations? Yes\_\_\_ No\_\_\_
9. Do you currently or have you had an economic interest in any of the above-listed organizations? Yes\_\_\_ No\_\_\_
10. Does your spouse, the person assuming the role of spouse, or dependent child currently have or have they had an economic interest in any of the above-listed organizations? Yes\_\_\_ No\_\_\_
11. Do you have any other relationship(s) with any of the above-listed organizations? (e.g., are you a member of an advisory committee or board of any of the above -listed organizations)? Yes\_\_\_ No\_\_\_

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE-LISTED QUESTIONS YOU HAVE A CONFLICT OF INTEREST. IF THIS CONFLICT HAS OCCURRED WITHIN THE PAST TWELVE MONTHS, THE CONFLICT MUST BE REPORTED ON THE CONFLICT OF INTEREST DISCLOSURE REPORT FORM.**

## ORANGE COUNTY HIV PLANNING COUNCIL

### CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations that have, or may request to receive funds that are allocated by the Council. Because of the potential conflict of interest, this Disclosure Form has been adopted by the Council and must be completed by all current and future members and candidates for membership on the HIV Planning Council and designated committees.

Complete either section (A), or section (B) below, as appropriate, and sign/date:

(A)

<p><b><i>By my signature below, I certify that:</i></b> I and/or my spouse, or the person assuming the role of spouse, and/or dependent family member(s) <b>have not served</b> within the past <b>twelve months</b> in a staff, consultant, officer, board member, client, volunteer, or advisory capacity for any organization(s) which has/have received, may seek or is/are eligible for funding from the Ryan White CARE Act or HOPWA funds.</p> <p><b>Signature</b> _____ <b>Date</b> _____</p> <p><b>Print or Type Name</b> _____</p>
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(B)

<p><b><i>By my signature below, I certify that:</i></b> I and/or my spouse (circle which), or the person assuming the role of spouse, and/or dependent family member(s) <b>have served</b> within the past <b>twelve months</b> in a staff, consultant, officer, board member, client, volunteer, or advisory capacity with the following organization(s) which has/have received, may seek or is/are eligible for funding from the Ryan White CARE Act or HOPWA funds.</p> <p><b>Organization:</b> _____ <b>Period of Affiliation:</b> _____ <b>Title/Relationship:</b> _____</p> <p><b>Organization:</b> _____ <b>Period of Affiliation:</b> _____ <b>Title/Relationship:</b> _____</p> <p>(Please attach additional pages as necessary)</p> <p><b>Signature</b> _____ <b>Date</b> _____</p> <p><b>Print or Type Name</b> _____</p>
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**Applicant's Name:** \_\_\_\_\_

**Please check all appropriate boxes**

**Gender Identity**

- ☐ Male      ☐ Transgender  
☐ Female      ☐ Other      ☐ Decline to State

**Sexual Orientation**

- ☐ Heterosexual      ☐ Gay male      ☐ Other  
☐ Bisexual      ☐ Gay female      ☐ Decline to State

**Age Group**

- ☐ 13-19  
☐ 20-29  
☐ 30-39  
☐ 40-44  
☐ 45-49  
☐ 50-59  
☐ 60+

Optional<sup>1</sup>: Date of birth \_\_\_\_\_

**Cultural/Ethnic Identity\***

- ☐ African American  
☐ Asian (specify) \_\_\_\_\_  
☐ Latino(a) (specify) \_\_\_\_\_  
☐ Native American (Tribal/Nation affiliation) \_\_\_\_\_  
☐ Pacific Islander (specify) \_\_\_\_\_  
☐ Caucasian  
☐ Other (specify) \_\_\_\_\_  
☐ Decline to State

\* *If you have any questions about how to report, please refer to [www.census.gov/mso/www/rsf/racedata](http://www.census.gov/mso/www/rsf/racedata), or by telephone at 818-904-6393*

<sup>1</sup> Federal reporting requirements ask for the number of Planning Council members less than 13 years of age, between 13-19 and between 20-44, and greater than 44 years old.

## AUTHORIZATION TO USE FOR MEMBERSHIP APPLICATION AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_ Also Known As (if you have used other names): \_\_\_\_\_  
Last First MI. DATE OF BIRTH (OPTIONAL): \_\_\_\_\_

**PURPOSE OF THE DISCLOSURE OF Personal Health Information:** If I wish to be considered for membership or affiliate status as a consumer representative, it is necessary to identify my HIV + status. Consumers are individuals “receiving HIV-related services from Title I providers” and include PLWH receiving services themselves and the parents and caregivers of minor children who are receiving such services. Consumers are further defined as unaligned. “Unaligned” means you have no financial or governing interest in Title-I-funded agencies.

By signing this authorization, I willingly disclose my status for application purposes. I understand that this information will become public record and will be discussed in open, public meetings. The Ralph M. Brown Act requires open discussion in a public forum.

If I choose not to disclose my HIV status, I will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

I, the undersigned, hereby **voluntarily** authorize the DISCLOSURE of my HIV serostatus [PHI] to the:

**HPC Membership Committee of the HIV Planning Council [HPC]  
P. O. Box 6128  
Santa Ana, CA 92706-0128**

### Specific Type of Information to be released

HIV Status

☐ Negative ☐ Positive ☐ Decline to State ☐ Unknown

Another membership category is: a representative of individuals who were formerly Federal, State, or local prisoners, were released from custody of the penal system during the preceding three years, and had HIV disease as of the date of release. If you wish to be considered as a representative of that group, please answer the following question.

Are you an individual, formerly a Federal, State, or local prisoner, released from the custody of the penal system during the last three years, and had HIV-disease on the date of release? YES\_\_\_ NO\_\_\_

**You may revoke this authorization to disclose PHI in writing prior to your application being considered at the next Membership Committee meeting. Contact the OC HIV Planning & Coordination office (714-834-8711) to obtain the form. However, the information may have already been disclosed on the basis of this authorization.**

**THIS AUTHORIZATION SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED.**

TODAY'S DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RELATIONSHIP: (Choose One) ☐ Self (Or, if not for yourself ☐ Other: (whom?) \_\_\_\_\_  
COMPLETE  
ADDRESS \_\_\_\_\_ TELEPHONE# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)  
YOU HAVE A RIGHT TO RECEIVE A COPY OF THE AUTHORIZATION PHOTOCOPY/FACSIMILE  
COPY MAY BE USED AS AN ORIGINAL.**



**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_ Also Known As (if you have used other names): \_\_\_\_\_  
Last First MI. DATE OF BIRTH (OPTIONAL): \_\_\_\_\_

**PURPOSE OF THE DISCLOSURE OF Personal Health Information:** If I wish to be considered for membership or affiliate status as a consumer representative, it is necessary to identify my HIV + status. Consumers are individuals “receiving HIV-related services from Title I providers” and include PLWH receiving services themselves and the parents and caregivers of minor children who are receiving such services. Consumers are further defined as unaligned. “Unaligned” means you have no financial or governing interest in Title-I-funded agencies.

By signing this authorization, I willingly disclose my status for application purposes. I understand that this information will become public record and will be discussed in open, public meetings. The Ralph M. Brown Act requires open discussion in a public forum.

If I choose not to disclose my HIV status, I will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

I, the undersigned, hereby **voluntarily** authorize the DISCLOSURE of my HIV serostatus [PHI] to the:

**HPC Membership Committee of the HIV Planning Council [HPC]  
P. O. Box 6128  
Santa Ana, CA 92706-0128**

Specific Type of Information to be released

HIV Status

☐ Negative ☐ Positive ☐ Decline to State ☐ Unknown

Another membership category is: a representative of individuals who were formerly Federal, State, or local prisoners, were released from custody of the penal system during the preceding three years, and had HIV disease as of the date of release. If you wish to be considered as a representative of that group, please answer the following question.

Are you an individual, formerly a Federal, State, or local prisoner, released from the custody of the penal system during the last three years, and had HIV-disease on the date of release? YES\_\_\_ NO\_\_\_

**You may revoke this authorization to disclose PHI in writing prior to your application being considered at the next Membership Committee meeting. Contact the OC HIV Planning & Coordination office (714-834-8711) to obtain the form. However, the information may have already been disclosed on the basis of this authorization.**

**THIS AUTHORIZATION SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED.**

TODAY'S DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RELATIONSHIP: (Choose One) ☐ Self (Or, if not for yourself ☐ Other: (whom?) \_\_\_\_\_

COMPLETE

ADDRESS \_\_\_\_\_ TELEPHONE# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)  
YOU HAVE A RIGHT TO RECEIVE, AND THIS IS YOUR PROVIDED COPY OF THE AUTHORIZATION  
PHOTOCOPY/FACSIMILE COPY MAY BE USED AS AN ORIGINAL**

**THIS IS A REPRODUCTION OF THE PREVIOUS PAGE AND IS PROVIDED TO YOU.  
THE APPLICANT IS TO TEAR OFF AND RETAIN FOR YOUR OWN RECORDS.**



\_\_\_\_\_  
Date

Please provide your name and address if you wish to be notified by U.S. mail service

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Or, if you would prefer electronic notification, please clearly write your email address

[here]

Per the Membership Committee of the OC HIV Planning Council [HPC] directive of March 28, 2003, this notice will be sent, either by U.S. mail or electronically to acknowledge receipt of your application for:

( ) Planning Council Voting Membership

( ) Planning Council Affiliate Status

( ) HPC Committee Membership on the:

[name of Committee(s)]

The Membership Committee and/or this Office will keep you apprised of the status of your application. Do not hesitate to contact this office if you have any questions, or if some one may be of further assistance to you. If you have not received notice from this office confirming receipt of your application within ten (10) working days, please telephone (714) 834-8711. Thank you for your interest in serving on the HPC.

HIV Planning & Coordination